

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: **Drug Analysis Lab**

Week Ending **3/10/12**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day: In - Out		7:40 8:00	7:00 8:00	7:00 8:00	7:00 8:00	7:00 8:00	
Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
Outside Duty: From - To							
Employee Signature							
Document exceptions or comments, indicate type and amount							
Employee Signature							
Document exceptions or comments, indicate type and amount							
Day: In - Out							
Lunch: Out - In							
Outside Duty: From - To							
Employee Signature							
Document exceptions or comments, indicate type and amount							
Day: In - Out							
Lunch: Out - In							
Outside Duty: From - To							
Employee Signature							
Document exceptions or comments, indicate type and amount							